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Texas Department of Agriculture
Application for
Pesticide Applicator License

PA-400

Todd Stables, Commissioner

| | | | | |
|------------------|--|----------------------------------|---------------------|-----------|
| SECTION A | ¹ TYPE OF LICENSE (PLEASE CHECK ONE) | | TDA USE ONLY | |
| | <input type="checkbox"/> Noncommercial Political Subdivision | <input type="checkbox"/> Private | Client No. | Phone No. |
| | <input type="checkbox"/> Noncommercial | | | |
| | Do you have a private applicator certificate (issued prior to Jan. 10, 1989)? <input type="checkbox"/> No <input type="checkbox"/> Yes, Certificate No. _____ | | Date (mm/dd/yyyy) | Initials |

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|---|-------|--------------------------------|--|
| ¹ CLIENT INFORMATION | | | |
| <input type="checkbox"/> Driver License No. _____ (required) | | <input type="checkbox"/> TX | |
| <input type="checkbox"/> State Issued ID No. _____ (if DL is not available) | | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Social Security No. (SSN - optional) - - - | | | |
| First Name | M. I. | Last Name | |
| Mailing Address | | | |
| City | Zip | Phone () - Ext. | |

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| SECTION C | ¹ PERSON TO CONTACT FOR LICENSE-RELATED MATTERS | | <input type="checkbox"/> SAME AS CLIENT NAME | |
| | First Name | | Last Name | |
| | Primary Phone () - | | Secondary Phone (optional) () - Ext. | |
| | Fax (optional) () - Ext. | | | |
| | E-mail (optional) | | Would you prefer to be contacted by E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | ² MAILING ADDRESS <input type="checkbox"/> SAME AS CLIENT ADDRESS | | | |
| | Address | | | |
| City | | State | Zip | |

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

Applicant Name _____

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| SECTION D | ¹ FACILITY (LOCATION OF LICENSEE, LICENSED ACTIVITIES OR EQUIPMENT) | | | |
| | Facility Name (Person or Business Name) | | | |
| | ² PHYSICAL ADDRESS OF FACILITY | | | |
| | Address (No P.O. Box) | | | |
| | City | State | Zip | County |
| Directions to Physical Location if address above is difficult to find | | | | |

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| SECTION E | ¹ EMPLOYER INFORMATION (NONCOMMERCIAL & NC POINT OF SALE) <input type="checkbox"/> SAME AS FACILITY | | |
| | Full Legal Business Name (Headquarters) | | Phone () - Ext. |
| | Physical Address | | |
| | City | State | Zip |

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| SECTION F | ¹ OUT-OF-STATE APPLICANTS ONLY | | |
| | An applicant for a Pesticide Applicator License whose principal place of business is situated outside the State of Texas must appoint and designate a resident citizen of Texas as said applicant's resident agent within Texas. | | |
| | Who do you wish to designate as resident agent? <input type="checkbox"/> The Texas Secretary of State <input type="checkbox"/> Other (list below) | | |
| | Resident Agent Name | | |
| | Resident Agent Address | | |
| | City | Zip | Business Phone () - Ext. |

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| SECTION G | ¹ PAYMENT | |
| | Please see instructions for applicable fees. | |
| | LICENSE IS NOT VALID UNTIL APPROVED BY TDA. | |
| | Method of Payment (payable to Texas Department of Agriculture) <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cashier's Check # _____ <input type="checkbox"/> Money Order # _____ | |
| | Amount remitted \$ | Mail to: Texas Department of Agriculture P.O. Box 12076, Austin, TX 78711-2076 |
| | TDA USE ONLY | Date Receipt Issued |
| | Receipt No. | |

Applicant Name _____

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| SECTION H | ¹ SIGNATURE | |
| | The applicant, by and through their personal or agent's signature below (1) certifies that all information provided in connection with this application at any time is true and correct to the best of the applicant's knowledge; (2) acknowledges that any misrepresentation or false statement made by the applicant, or an authorized agent of the applicant, in connection with this application, whether intentional or not, will constitute grounds for denial, revocation, or non-renewal of any license issued pursuant to this application and/or assessment of monetary administrative penalties; and (3) if applying as an individual, further acknowledges that this application may be denied and that any license issued pursuant to this application may be suspended, revoked, or denied renewal due to delinquency in payment of a guaranteed student loan and that any license issued pursuant to this application may be suspended or denied renewal for failure to pay child support. If signed by an agent (including employee) of the applicant, the person signing certifies that he or she is authorized to make the preceding certifications on behalf of the applicant. | |
| | Applicant Name (print) | Title |
| | Applicant Signature | Date (mm/dd/yy) / |

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| ¹ CHECKLIST |
| Please use this checklist to ensure you are sending all of the necessary information and documents. |
| <input type="checkbox"/> Pesticide Applicator Application |
| <input type="checkbox"/> Fee (see instructions for assistance with calculating the correct fee.) |
| Please note that an incomplete application may result in processing delays. |